

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2011	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN47660			
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F0000	<p>This visit was for the Investigation of Complaint IN00091180.</p> <p>Complaint IN00091180 - Substantiated, Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: June 22 and 23, 2011</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 9 Medicaid: 50 Other: 21 Total: 80</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=G	<p>Quality review 6/28/11 by Suzanne Williams, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision to prevent falls and wandering off of a locked Alzheimer's unit, for cognitively impaired residents residing on the locked Alzheimer's unit, resulting in a fall with a resulting fractured hip [Resident B], for 3 of 4 residents reviewed for falls, in a sample of 4. Residents B, C, and D</p> <p>Findings include:</p> <p>1. On 6/22/11 at 10:00 A.M., the Administrator indicated Resident B had fallen and was in the hospital.</p> <p>The clinical record of Resident B was reviewed on 6/22/11 at 10:10 A.M. Diagnoses included, but were not limited to, dementia and anxiety.</p> <p>The resident was admitted to the facility on 6/9/11 from a previous facility. A transfer sheet, dated 6/9/11, indicated, "...Able to walk [with] assist, Walks with aid of gait belt, walker...Wanders quickly, Keep within close view, High Fall Risk,</p>		F0323	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident B -reassessed for appropriate placement. Updated fall assessment and added pad alarms. Placed in supervised area when out of bed. Provided with a high low bed. Receiving therapy services. Resident C Discharged. Resident D Re-educated staff to redirect residents into meaningful activity if pacing/exit seeking. Inserved by Memory Care Facilitator. If unsuccessful walk with resident until relaxed and or less/aggitated/exit seeking. How other residents had the potential to be affected by same deficient practice will be identified and what corrective action will be taken. All residents had the potential to be affected. Re-educate staff regarding the importance of supervision and redirection of residents who are wandering or exit seeking. Pre and Post test will be given to assess and assure comprehension of information. Inservicing will be completed by 7-11-11. All assignment sheets reviewed and</p>		07/23/2011	

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	<p>Keep close contact...Therapies, Current Activity Level: Amb [ambulates] [with] hand held [assist] of 1. Very impulsive! Fall Risk!...Res. [resident] will require use of alarms to promote safety...."</p> <p>A Fall Risk Assessment, dated 6/9/11, indicated, "...Resident has had a history of falls within the past 3 months? Yes...Resident is incontinent of urine and or bowel? Yes...Resident is confused and/or disoriented? Yes. If any answer above is 'Yes,' the resident is at risk for experiencing a fall. Proceed to care plan with appropriate interventions based upon the risk factor(s)."</p> <p>A Physician's order, dated 6/9/11, indicated, "PT [physical therapy] to eval and treat, OT [occupational therapy] to eval and treat...May be up w/assist [with assistance]...Walk pt [patient] [with] assist as much as possible, Chair alarm."</p> <p>An Interim/Admission Nursing Care Plan, dated 6/9/11, indicated, "Problem: Fall Risk related to: dementia, Hx [history] of falls, HTN [hypertension], medication, anemia...Interventions: Encourage and remind resident to use call light...Provide appropriate assistive devices such as walker, low bed, mats on floor, alarms on chairs/beds. Pad alarm in chair. Pad alarm in bed x 3 days et [and] reassess."</p>				<p>updated to accurately reflect mobility and needs. Residents will be assigned to specific staff members. Assignment sheets will be reviewed and updated by Nursing upon any significant changes. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. Assignment sheets have been divided and assigned daily to enable staff to know specific residents they are responsible for. Memory Care Facilitator will have office located on Auguste's cottage. Memory Care Facilitator will provide supervision to staff to ensure assistance/supervision is appropriate. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place? DNS or designee will perform daily rounds 5 x a week at random times for four weeks, then weekly for 8 weeks, then monthly for four months the findings will be reported to Quality Assurance Committee overseen by Executive Director. Date of Completion July 23rd 2011.</p>		

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	<p>A Physician's order, dated 6/14/11, indicated to discontinue the chair alarm.</p> <p>An Occupational Therapy "Plan of Treatment," signed 6/12/11, indicated, "...Assessment: Patient presents with decreased attn [attention] to task, shuffled gait, behaviors at times, poor balance, muscle weakness influencing ability to complete functional transfers and ADL's [activities of daily living] safely...."</p> <p>A Physical Therapy Progress Report, dated "06/10/2011-06/16/2011," indicated, "...Current, Gait Tasks: Deviations, The patient demonstrates muscle weakness causing deficits during turning during gait training without assistive device and contact guard assist (contact with patient due to unsteadiness) /SBA [stand-by assist] for 300 feet...Target Goal: The patient will improve muscle weakness in order to improve deficits during turning and narrow base of support during gait training without assistive device and stand by assistance (close enough to reach patient if assist needed) in order to decrease risk of falls...Precautions: Fall risk, agitated behavior at times...."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 6/15/11, indicated the resident scored a 3 out of a total 15 for</p>						

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	<p>cognitive impairment, with 15 indicating no impairment. The resident required limited assistance of one for transfer, bed mobility, toilet use, and personal hygiene, and was assessed as "Independent -no help or staff oversight at any time, No set-up or physical help from staff" for walking in room, and "Supervision -oversight, encouragement or cueing, No setup or physical help from staff" for walking in corridor. The MDS assessment indicated the resident had not fallen in the previous month, was "Unable to determine" if the resident had fallen in the previous 2-6 months prior to admission, and had not fallen since admission.</p> <p>A Care Plan, dated 6/17/11, indicated: "Problem, Resident is at risk of falling R/T [related to] medications, dx dementia Alzheimers, anemia, HTN, incontinence of urine and bowels, hx of falls." The approaches included: "Observe frequently and place in supervised area when out of bed...."</p> <p>Nurses Notes included the following notations:</p> <p>6/19/11 at 3:00 A.M.: "Alert [with] confusion...Is [up] ad lib [as desires]...has history of falls - uses pad alarm in chair [and] bed for safety...."</p>						

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	<p>6/19/11 at 8:00 P.M.: "...[Up] ad lib [with] steady gait...."</p> <p>6/20/11 at 5:30 P.M.: "Housekeeper observed res [resident] laying in doorway of another res room. When doing ROM [range of motion] res c/o [complains of] [right] hip pain...Skin tear noted on [right] elbow 2 1/2 cm [centimeters] x 1 cm. Physician notified...transfer to hospital for possible [right] hip fracture."</p> <p>A Fall Circumstance Report, dated 6/20/11, indicated, "...1.... fall un-witnessed. 2. Describe what the resident was doing prior to the fall...Walking down hall. 3. Describe the position of the resident when first observed after fall... lying on floor in doorway on back...6. Is the resident in pain and/or experiencing difficulty in movement of extremities: Yes [right] hip pain when ROM performed...Describe injuries...Skin Tear [right] elbow...Possible [right] hip fracture...."</p> <p>On 6/22/11 at 10:15 A.M., the Assistant Director of Nursing [ADON] provided CNA assignment sheets. The ADON indicated the sheets were updated daily. The assignment sheet for Resident B indicated she was Independent with mobility and transfers, and was a fall risk.</p>						

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	<p>On 6/23/11 at 8:30 A.M., a hospital history and physical for Resident B, dated 6/20/11, was reviewed. The history indicated, "...Assessment: Elderly female with dementia with a right femoral neck [hip] fracture...."</p> <p>An Interdisciplinary Team [IDT] Progress Note, dated 6/21/11, indicated, "IDT reviewed incident which occurred 6/20/11 at 1730 [5:30 P.M.]. Resident is up ad lib. She was coming out of a room, going to DR [dining room] when she stumbled et [and] fell. Was sent to the hospital [with] dx [diagnosis] [right] hip fx [fracture]."</p> <p>On 6/23/11 at 8:45 A.M., the Alzheimer Unit Manager indicated Resident B was ambulating down the hallway with another resident, and "the next thing she knew the housekeeper was saying she needed help" because Resident B was on the floor. The Unit Manager indicated Resident B walked by herself.</p> <p>On 6/23/11 at 10:05 A.M., during an interview with the Director of Nursing [DON] and Administrator, each indicated they did not know why the resident was not receiving assistance with her ambulation, when therapy notes indicated she required assistance.</p> <p>2. The clinical record of Resident D was</p>						

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	<p>reviewed on 6/22/11 at 1:00 P.M.</p> <p>Diagnoses included, but were not limited to, Alzheimer's Dementia.</p> <p>A Minimum Data Set [MDS] assessment, dated 3/16/11, indicated the resident scored a 4 out of 15 for cognitive status, wandered 1 to 3 days, required extensive assistance for transfer, and supervision with "No setup or physical help from staff" for walking in room and in corridor.</p> <p>Nurses Notes, dated 5/30/11, indicated, "6-2 Weekly Summary - Alert et [and] responsive, Oriented to self - confused to [time and place] - [up] ad lib gait steady...Limited assist [with] ADL's...."</p> <p>A Fall Risk Assessment, dated 6/3/11, indicated, "...Resident is confused and/or disoriented? Yes. If any answer above is 'Yes,' the resident is at risk for experiencing a fall. Proceed to care plan with appropriate interventions based upon the risk factor(s)."</p> <p>An Elopement Risk Assessment, dated 6/3/11, indicated, "1. Resident is independently mobile - either ambulating or in wheelchair? Yes...4. Resident experiences increased confusion at certain times of day i.e. evening? Yes. 5. Resident walks/paces about the facility and is often seen trying to open exit doors? No. If</p>						

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	<p>question # 1 is YES and ANY of questions 2-5 are answered YES, the resident is at risk for elopement...Resident has been assigned a scrutiny bracelet? No...describe other interventions: Res makes no attempts to leave unit [without] supervision."</p> <p>An "All Staff Behavior Tracking Record," dated 6/4/11 at 6:45 P.M., indicated, "...On 6-4-11 res had exited St. [station] 2 [Alzheimer's Unit] and was at St 1 nurses station. Was easily redirected back to unit [without] difficulty."</p> <p>A Physician's Progress Note, dated 6/5/11, indicated, "This patient is seen, at the request of nursing, because of an increased amount of pacing. Indeed, she has walked so much that somehow she walked out of the cottage. The exact mechanism of how that occurred is unclear...."</p> <p>A Minimum Data Set assessment, dated 6/8/11, indicated Resident D scored a 6 out of 15 in cognitive status, wandered 1 to 3 days, required limited assistance of one staff for bed mobility and transfer, and supervision with "No setup or physical help from staff" for walking in room and in the corridor.</p> <p>A Physical Therapy Progress Report,</p>						

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	<p>dated "06/09/2011 - 06/16/2011," indicated, "Current, Gait Tasks: Deviations: The patient demonstrates muscle weakness causing narrow base of support during gait training with no device and stand by assistance (close enough to reach patient if assist is needed) for 450 [feet] x 2...Precautions: Fall risk, Flight risk...."</p> <p>Nurses Notes included the following notations:</p> <p>6/15/11 at 9:30 P.M.: "Res mmmt [roommate] came to tell this nurse that res was on the floor et needed help. Upon assessment this nurse found res sitting on floor [with] sm [small] amt [amount] blood coming from nose...Res states she hit face on floor...Res stated 'I slipped trying to get to restroom.' New gripper socks placed on res et assisted to toilet. Will cont to monitor."</p> <p>6/16/11 at 7:00 A.M.: "This nurse observed res attempting to sit on chair in room. Res missed chair et sat on floor. [Left] arm hit footboard on roommate bed resulting in skin tear 4 cm x .5 (1/2) cm...."</p> <p>6/18/11 at 4:45 A.M.: "...Has been up ad lib x 2 to bathroom with steady gait...Alert to self with confusion to time</p>						

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	<p>and place...."</p> <p>6/20/11 at 12:45 A.M.: "Staff heard noise went [and] found resident in floor head was bleeding. Resident fell going to BR [bathroom]. Hit head on baseboard in her room...laceration 3 cm in length on back of her head area cleansed drsg [dressing] applied...."</p> <p>An Interdisciplinary Team Progress Note, dated 6/20/11, indicated, "IDT reviewed incident which occurred @ 0045 [12:45 A.M.] on 6/20. Res is up ad lib...She was getting up to go to the BR, lost her balance et fell. She received a laceration to back of her head. Interventions include requesting U/A [urinalysis], Blood Pressure x 3 days standing/sitting, et therapy to screen...."</p> <p>A Care Plan, initially dated 9/21/10 and updated 6/20/11, indicated: "Problem, Resident is at risk for falls due to: Dementia, Altered Mental Status... Walks fast pace." The approaches included; "Call light in reach, Non skid footwear, 6/20/11 Request therapy to screen...."</p> <p>On 6/23/11 at 8:45 A.M., during interview with the Alzheimer's Unit Manager, she indicated she was unaware that Resident D had exited the unit. She indicated she had been on vacation for a few days, and</p>						

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	<p>that may have occurred while she was gone. She indicated Resident D took herself to the bathroom.</p> <p>On 6/23/11 at 9:00 A.M., the Administrator provided a document, dated 6/6/11, which indicated: "Investigation gathered regarding [Resident D] being off cottage on 6/4/11. Spoke [with] [LPN # 1] who came in at 6P on 6-4-11. He stated that resident was in hallway on St 1, walking slightly behind a visitor. He first thought the visitor was [with] [Resident D] but then realized that the visitor had come to see another resident. He stated he then took [Resident D] by the hand et walked with her back into the cottage area with no difficulty. He stated he made out a behavior sheet for the [illegible]. [LPN # 2] for the cottage was not aware [Resident D] had gone off cottage." The Administrator indicated at that time that she thought the resident had just followed a visitor off of the locked unit, and thought she had a Wanderguard on. The Administrator indicated it would not have mattered about the Wanderguard bracelet, because that does not work for the locked Alzheimer unit doors.</p> <p>On 6/23/11 at 9:20 A.M., a skin assessment was requested on Resident D. CNA # 1 motioned for Resident D to come with him to the restroom. CNA # 1</p>						

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	<p>did not provide hands on assistance for the resident to ambulate. The resident was observed to have a slightly tilted, fast gait. CNA # 1 indicated he did not normally work on the locked unit, but that Resident D ambulated by herself. CNA # 1 closed the bathroom door, and left Resident D in the bathroom by herself.</p> <p>On 6/23/11 at 10:05 A.M., during interview with the Administrator and DON, the DON indicated the resident could not have been off of the unit for very long, because LPN # 1 was coming out of the employee lounge and saw Resident D come out of the locked unit with a visitor. The DON and Administrator indicated they thought the resident ambulated independently, and did not know why she did not receive assistance if therapy notes indicated she was unsteady.</p> <p>On 6/23/11 at 1:30 P.M., PT # 1 indicated she estimated the length of the hallway from the Alzheimer Unit doors to the Station 2 nursing station at 80 feet. It was observed to be also approximately 80 feet from the Station 1 nursing station to the Alzheimer Unit doors.</p> <p>3. The closed clinical record of Resident C was reviewed on 6/22/11 at 12:05 P.M. The resident was admitted to the facility</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2011	
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	<p>on 4/29/11 with diagnoses including, but not limited to, Alzheimer's dementia.</p> <p>A transfer form, dated 4/29/11, indicated, "...Safety Needs, Fall Prevention; interventions used: Pt. [patient] alarm at all times, Safety checks, Wanderguard...Mental Status, Confused...Disoriented x 3, Uses W/C [wheelchair] at times...."</p> <p>A Fall Risk Assessment, dated 4/29/11, indicated, "New admission, Yes...Resident has diagnosis of and/or demonstrates evidence of impaired gait/balance? Yes...Resident is confused and/or disoriented? Yes...." If any answer above is 'Yes,' the resident is at risk for experiencing a fall. Proceed to care plan with appropriate interventions based upon the risk factor(s)."</p> <p>An Interim Care Plan regarding the resident's fall risk was lacking in the clinical record.</p> <p>An admission Minimum Data Set [MDS] assessment, dated 5/5/11, indicated the resident scored a 3 out of 15 for cognitive status, required extensive assist of one staff for bed mobility and toilet use, and supervision on one person for ambulating in room and corridor. A test for balance while walking indicated "Not steady, but</p>						

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	<p>able to stabilize without human assistance." A test for balance while turning around and surface to surface transfer indicated, "Not steady, only able to stabilize with human assistance."</p> <p>A Physical Therapy Progress Report, dated "05/02/11-05/08/2011," indicated, "...Current, Gait Tasks: Deviations, The patient demonstrates muscle weakness causing lateral trunk lean and decreased velocity during gait training without assistive device and contact guard assist (contact with patient due to unsteadiness) for 200 feet...Precautions: Fall risk, flight risk...."</p> <p>Nurses Notes included the following notations:</p> <p>5/1/11 at 1:30 P.M.: "Up [and] about ambulates fine in am later after lunch usually leans to [right]...."</p> <p>5/5/11 at 6:00 P.M.: "Rsn [resident] fell in D/R [dining room] @ this time. Sitting upright on her bottom. Rsn tipped chair backward as was trying to stand up at the same time - fell down on bottom [and] struck [lower] spine area or mid back on seat of chair. 3 circular areas each 2.2 cms red at this time...."</p> <p>5/7/11 at 9:00 A.M.: "Called to dining</p>						

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	<p>room per visitor who stated 'res was attempting to sit in chair - missed seat et sat in floor.' Found res seated on buttocks in front of chair...."</p> <p>5/8/11 at 1:00 P.M.: "Alert to self. Confused to time et place. Ambulating ad lib about unit. Wandering aimlessly much of day. Gait unsteady @ x's. Lacks safety awareness - leans forward et to side freq while seated...."</p> <p>5/8/11 at 6:45 P.M.: "Res found sitting on floor in hallway per this nurse et nurse assistant. Res was able to move all extremities. Res was touching above [right] eye area. This nurse noted skin was red above [right] eyebrow et [right] temple area, approx 2 cm x 3 cm...Res was able to stand up [with] assistance of staff...."</p> <p>A Care Plan, dated 5/9/11, indicated "Problem, Resident is at risk for falling R/T [related to] Dx [diagnosis] dementia, and psychotropic drug use." The approaches included, "Attempt different activities that might hold interest...Observe frequently and place in supervised area when out of bed...." A Care Plan prior to 5/9/11 was lacking in the clinical record.</p> <p>During interview with the Unit Manager</p>						

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	<p>on 6/23/11 at 8:45 A.M., she indicated she could not recall Resident C falling.</p> <p>4. On 6/23/11 at 10:45 A.M., Medical Records staff # 1 provided the current facility policy on the "Fall Management Program," revised 3/10. The policy included: "It is the policy of American Senior Communities to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related to falls...A care plan will be developed at time of admission specific to each resident based upon the results of the fall risk assessment...Staff interventions: All staff to be aware of new residents...Check on new residents frequently. Anticipate care needs for confused residents...Do not leave unattended in rooms and/or bathrooms if fall risk...Review staffing during key fall times, OT/PT screens as needed...."</p> <p>This Federal Tag relates to Complaint IN00091180.</p> <p>3.1-45(a)(2)</p>						